

# GRAND PORT SAVANNE DISTRICT COUNCIL

## **REGISTRATION FORM**

### *REGISTRATION OF SUPPLIERS/CONTRACTORS FOR GOODS, WORKS AND SERVICES (INCLUDING CONSULTANCY)*

Please tick/fill where appropriate

#### **A. STATUS**

- (i) Sole Proprietor
- (ii) Company
- (iii) Partnership
- (iv) Joint Venture

#### **B. DETAILS**

- (i) Name: .....
- (ii) Official Address: .....
- (iii) Name of Representative: .....
- (iv) Telephone Number: ..... Mobile Number: .....  
Fax Number: ..... E-mail Address: .....

#### **C. ELIGIBILITY REQUIREMENTS**

- (i) Business Registration Number
- (ii) VAT Registration Number (if applicable)
- (iii) Tax Account Number (TAN)
- (iv) Tax Status (Tax Clearance Certificate for last Financial Year)

#### **D. DOCUMENTS TO BE SUBMITTED**

- (i) Certificate of Incorporation of Business
- (ii) Business Registration Certificate

#### **E. OTHER INFORMATION**

- (i) Whether debarred by competent authority: Yes  No   
to participate in any bidding exercise

In the affirmative to inform/specify the period .....

